

Name

Date

Event No.

2. Appraisal Record

Consider the thoughts and images that you have listed on your Event Record. Think carefully about the emotions that you felt and the way you acted in the situation. Finally, try to remember similar events from your past — events where you have thought, felt, or acted in the same way. Using all of this information, answer the following questions.

In the situation that you have described on your Event Record:

(1) What were you afraid might happen?

(i) _____.

(ii) _____.

(iii) _____.

(iv) _____.

(2) At the time, how likely did you think these outcomes were? (0 “not possible” —100 “certain”)

(i) _____

(ii) _____

(iii) _____

(iv) _____

(3) At the time, how bad did you think these outcomes were? (0 “not bad at all” —100 “worst thing I can imagine”)

(i) _____

(ii) _____

(iii) _____

(iv) _____

4) What was the single biggest thing that you were afraid of?

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

What would be bad about that? _____

(5) What do you think the thoughts (or images) on your Event Record say about you as a person?

(6) What do you think your family and friends would think of you if they knew about your thoughts or images? _____

